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THIRTY-FIFTH
ANNUAL REPORT

BY

THE DIRECTORS

OF

JAMES MURRAY'S ROYAL ASYLUM
FOR LUNATICS,
NEAR PERTH.

JUNE, 1862.

PERTH:
PRINTED BY ORDER OF THE DIRECTORS, AT THE JOURNAL OFFICE.

MDCCCLXII.

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1862-63.

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ANNUAL REPORT

BY THE DIRECTORS OF

JAMES MURRAY'S ROYAL ASYLUM FOR LUNATICS.

9TH JUNE, 1862.

It is now the duty of the Directors to submit the Thirty-Fifth Annual Report of the Institution.

At the date of the last Annual Report there were in the House 202 patients (97 males and 105 females). Since then 36 patients have been admitted (17 males and 19 females). The total number of patients under treatment during the year was 238 (114 males and 124 females). Of this number 18 have recovered (5 males and 13 females); 12 were removed improved (5 males and 7 females); 26 were removed unimproved (17 males and 9 females); and 4 have died (2 males and 2 females.) There now remain in the Asylum 178 patients (85 males and 93 females), being 24 less than at the same period last year. The difference is principally caused by the Directors requiring the removal of certain harmless patients, with the view of securing accommodation for another class, as more fully explained in the Medical Report.

For the ages of the patients admitted during the past year, the form of their insanity, and other particulars, reference is made to the Report by Dr. James M. Lindsay, the Acting Physician in the absence of Dr. William L. Lindsay.

During the past year the Institution has been conducted with its usual efficiency and success, and the Directors earnestly trust that, through the Divine blessing, it may long continue to confer benefits on the community, and to enjoy its wonted prosperity.

WM. PEDDIE, Chairman.

REPORT OF PHYSICIAN

FOR THE YEAR 1861-62.

At date of last Annual Report, on 10th June, 1861, there remained in the Institution 202 patients. During the past year 36 patients have been admitted, making a total of 238 who have been under care within the year. 56 have been discharged or removed, and 4 have died—leaving 178 patients (85 males and 93 females) as our present population, 74 of whom belong to the Private, and 104 to the Pauper Class. The average daily number resident has been 188. General results.

As compared with last year, there is a decrease of 24 in the number remaining at end of the year, a decrease of 29 in the total number under care, and a decrease of 13 in the average daily number resident. Decrease population compared previous year.

This decrease is attributable to the excess of discharges over admissions, occasioned by the necessity to obtain relief from the overcrowded state of the House, which forced us to refuse admissions, and which crowded condition the Directors deemed it advisable to remedy by ordering the removal—1. of those paupers who belonged to other counties than Perth; 2. of such of our chronic or comparatively harmless inmates as were considered most suitable for trial in private houses or otherwise with relatives or friends, and such as presented very little hope of mental recovery. Causes of decrease. Refusals of admission want of room. Compulsory removals.

By these removals of chronic and relatively incurable cases, the three-fold object so much desired has been secured. 1. Relief to the overcrowded condition of the House. 2. Addi- Beneficial results of decrease. Relief to overcrowding.

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tive space
ecent and
nt cases.

tional accommodation for Private Patients. 3. Available space for the admission of recent acute, or urgent cases ; thereby increasing the usefulness of the Institution as a Curative Hospital, and lessening the tendency from which very few public asylums are now exempt, to become in great measure places for the care and safe custody of a large proportion of the chronic insane, to the exclusion of those labouring under recent mental aberration, by whom, as must be reasonably expected, and as all experience shows, more benefit is to be derived from the curative resources of a Hospital, than by those whose insanity has been of long duration.

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e in high
ries.

Another good result of thinning our overcrowded population has been obtained, by enabling us to devote to the temporary purposes of an Infirmary several of the vacated rooms lately occupied as pauper dormitories, without which we would have been unable satisfactorily to treat those cases of illness which occurred as a slight epidemic in April, and which were removed from the less healthy low galleries to the vacated rooms in the high galleries, which being drier, larger, better ventilated, and better lighted, are more favourable to health.

usals of
ission.
ease in

The following table shows that there has been a progressive increase during the last 3 years in the number refused admission; and that in 1861 there were 7 more refusals of admission than in 1860:—

YEAR.	REFUSALS.								
	Private Patients.			Pauper Patients.			Total.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
1859, ...	...	...	...	14	7	21	14	7	21
1860, ...	2	1	3	11	3	14	13	4	17
1861, ...	6	3	9	5	10	15	11	13	24

In addition to the above, 12 paupers (7 males and 5 females) have been refused admission during the current year.

portion
private pa-
ts refused.

Considering that a preference is always given to the private class, and that the Institution will probably be devoted to the accommodation of this class alone, some explanation is necessary

to account for the comparatively large proportion of private patients refused admission during the past year. This is readily explained by the fact that for the majority, although private patients, admission was sought at pauper rates of board, and that they belonged to other counties than Perth—the object of the Institution having invariably been, so far as possible, to favour the admission, at these low rates, of Perthshire patients of the indigent private and pauper classes.

Explanation.
Perthshire
Patients pre-
ferred at low
or pauper
rates of board

Notwithstanding our diminished population, the pauper galleries must still be considered as somewhat overcrowded, and containing a larger number than they are adapted to accommodate, consistently with the greatest amount of health and comfort. Overcrowding by day is a minor evil, and one easily remedied, compared with the major evil of overcrowding by night, which implies insufficient sanitary measures, confined sleeping room, vitiated atmosphere, and defective cubic space—all which ought to be most carefully guarded against in any community, more especially in a community whose minds are enfeebled, and whose physical condition is frequently more or less deteriorated.

Overcrowding
of Pauper
Galleries.

Evil effects of
overcrowding

In illustration of the chronicity under which the Institution labours, reference is made to Table VI. (see Appendix), from which it appears—1. That 73, or nearly half of the patients at present resident, are between 50 to 78 years of age; 2. That in 92, or rather more than half, the duration of their insanity has been from 5 to 35 years (5 of this number having been insane from childhood); 3. That 76, or nearly a half, have been inmates of this Institution between 5 and 35 years; 4. That 76, or nearly a half, are cases of dementia, chiefly of long standing. These facts sufficiently account for the small proportion, 26·40 per cent., which is the maximum of our present population considered curable; by far the larger proportion, 73·60 per cent., being considered incurable, either as regards the phase or duration of their insanity.

Chronicity of
present
community.

Age.

Duration of
Insanity.

Length of
Residence.
Demented.

Results—Low
ratio of
curable, high
ratio of in-
curable.

Chronicity is not necessarily associated with incurability; the records of Asylums disprove this, but there can be little doubt of their relative association—Chronicity and Incurability being very closely connected, and that the probability or improbability

Chronicity
and relative
incurability.

of cure depend in great measure upon the duration of the malady. We do not mean to assert that the chronic insane can receive no benefit from an Asylum, or that humane efforts should be relaxed on their behalf: on the contrary, we think that an Asylum can do much to relieve the condition of certain classes of them; but it is the exclusion of the probably curable from, and the occupation by those probably incurable of, the curative space, against which we consider it advisable to guard.

Disposal of
Chronic
insane.

Whilst believing that many of the chronic insane may, under judicious management, be properly cared for out of Asylums, we are convinced that in the suitable selection of this class great caution is necessary; without which discrimination, we have our doubts as to the success of the too general adoption of any provision for the liberation of the chronic insane from special control and supervision.

Disadvantages
of Chronicity.
Limits cura-
tive usefulness
of Institution.
Exclusion of
recent cases.
Diminishes
recoveries.

The disadvantages of such chronicity are very manifest. It diminishes the usefulness of the Institution as a Curative Hospital, by occupying valuable room that might be better devoted to the accommodation of more recent and more urgent cases—thereby lessening the number of recoveries, and otherwise operating injuriously. In such chronicity there is comparatively little mind to work upon to render it available for their own benefit or for the good of those around them. These evils have been partially remedied by the removal of some 26 of our chronic inmates, the number of whom it is very desirable still further to reduce.

Remedy.

Admissions.

The admissions 36 (17 males and 19 females) during the past year show a decrease of 26 on the number admitted in 1860-61, which diminution has been already explained by the crowded condition of the House on 10th June, 1861, leaving very little available room for new cases, and making our ability to accommodate depend upon the discharge or removal of some of the overcrowding population.

Cause of
decrease.

Want of room.

Admissions in
relation to
class, sex, age,
etc.

The tables in Appendix show, that of those admitted, 13 are private and 23 are pauper patients, the sexes being nearly equal in each class. All the paupers were sent from Parishes in the County of Perth, with the exception of one out county patient (previously an inmate) who has been discharged recovered.

Paupers.
Parishes.

Most patients were admitted between the ages of 30 and 40. The single, as is generally the case, exceeded the married and widowed. There was no predominance of any special occupation. Mania in its various phases was the most frequent form of insanity, Melancholia and Dementia in equal numbers coming next in frequency. Hereditary tendency was the most frequent cause—religious excitement second in frequency—intemperance and senility next.

Admissions in relation to form and causes of Insanity.

The bodily condition of those admitted was good in half the number, indifferent and bad in the remaining half. In the majority, therefore, the physical condition was good, although, by injudicious delay and treatment, a few were admitted in a greatly enfeebled state. Here it affords us pleasure to mention that, in general, great kindness and humanity have been exercised by Inspectors of Poor and others in bringing patients to, and removing them from, the Asylum, and that no unnecessary restraint or harshness have been resorted to. There are, however, a few exceptions to this general remark. In some instances there appeared to have been a want of judiciousness and consideration on the part of those bringing the patient to the Asylum, the comfort of the patient as to clothing, &c., having been greatly overlooked.

Physical condition on Admission.

Transmission of Patients to Asylum generally effected by kindness and humanity in place of unnecessary restraint.

We have also pleasure in recording the fact, that the objectionable practice (formerly so frequent) of sending a female patient to the Asylum under charge of a male person alone has almost disappeared. Occasionally, however, even yet a female patient is brought to, or transferred from, the Asylum by a male custodier alone, unaccompanied by any female nurse or friend.

Female Patients sent with male custodiers now a rare occurrence.

As appears from Table II. (No. 7), the importance of early removal to, and treatment in, an Asylum, is becoming more generally recognised—the insanity in two-thirds of those admitted having been less than 12 months in duration, and in the remaining third the mental aberration had existed from 1 to 20 years.

Early removal to, and treatment in Asylum.

With regard to the probable curability of those admitted, 75 per cent. are considered curable, and 25 per cent. incurable.

Prospective results. Curable. Incurable.

The months in which the greatest number of admissions took place were August of last year, and May of this year.

liability to
Relapses of
insanity.

Previous
attacks.

Melancholics.

It is noteworthy, as showing the liability to a recurrence of insanity, that in 10, or nearly 28 per cent., of those admitted, there had been previous attacks (see Appendix). One of these admitted for the third time, a case of Hypochondriacal Melancholia, illustrates well a class of patients, who, whilst subject to the discipline, care, and quiet of an Asylum, enjoy comparative happiness, are generally contented and industrious members of the community, but whose mental organisations are too feeble to bear up against the anxieties of the outer world, or to compete in the struggle for existence, and who, when liberated from the retirement of an Asylum, soon relapse into their former sad condition. For such, and it is no small class, the Asylum is the safest home; for, although they may not be dangerous in the sense of being violent to others, they may be, and often are so to, themselves, by suicidal tendencies, which are either apparent, or which may at any time be suddenly developed. This class supplies many instances, which are frequently recorded in the daily papers, of suicide by persons who have been inmates of, or whom it is advisable for their own safety to send to, an Asylum, but who are kept at home by relatives or friends.

Danger of
suicide.

Intervals be-
tween recur-
rences of
insanity.

It appears from Table II. (No. 11) that the intervals between recurrences of insanity are very various, ranging from a few months to 20 years.

Suicidal
Propensities.

Table II. (No. 12) shows that 7 patients had either attempted or meditated suicide, and that 10 had exhibited violent propensities, prior to admission.

Means of
suicide.

Form of
insanity.

Violent
Propensities.

The means used in attempting suicide were cut throat, strangulation, and drowning. The forms of insanity in those who attempted suicide were Melancholia and Senile Dementia. The forms of insanity during which suicide was meditated, and violent propensities were exhibited, will be found in Tables in Appendix.

Re-admissions.

Frequency.

Relapse.

The re-admissions amount to 9, being exactly a fourth of the total number admitted. 7 were admitted for the second time, and 2 for the third time. Of these, the cases of relapse are only 5, or nearly 14 per cent. of the total admissions—3 of the pauper re-admissions being transfers from another Asylum, to which place they were removed from this Institution several years ago on account of the cheaper rate of board charged.

The other re-admission, not a relapse, was a private patient removed contrary to medical advice, by her husband, to whom was pointed out the certainty of her being quite unmanageable at home. The patient was not half-an-hour reinstated with her family at home before her conduct convinced the husband of his error, and he had her conveyed back to the Asylum the morning following her removal. This case is one amongst others, illustrating the results of premature removal. In another case of premature removal contrary to medical advice, worse results happened than in the instance of the female patient just referred to. This patient laboured under organic disease of the brain, was removed by his relatives, and shortly afterwards became very excited and violent, inflicting injury on his wife. His mental malady was aggravated, and in all probability his death was hastened by removal from the Asylum. He died a few months after his liberation.

Premature Removal.

Its results.

Uncontrollable excitement at home.

Violence to relatives. Aggravation of malady. Probable hastening of death.

The intervals between discharge and re-admission varied from 1 day to 16 years.

Intervals between discharge and re-admission.

The evil effects of delay in sending patients to the Asylum, either through false economy on the part of guardians, or mistaken notions of affection on the part of relatives, are borne out by the experience of the past year.

Delay in sending Patients to Asylum.

Patients are detained at home, although symptoms of insanity have been recognised, till they "break out," or become so violent as to be unmanageable; and very frequently the patient is not sent till the personal safety and comfort of the friends are compromised, by which time the patient has become much exhausted, arriving at the Asylum greatly reduced in physical condition, and with a proportionately diminished chance of early recovery.

Its results.

Exhaustion and diminished chance of recovery.

Delay in sending a patient to the Asylum is occasionally attended with the saddest of all results—suicide—an example of which occurred in this county not many weeks ago, having been duly chronicled in the papers. This person, who was subject to mental depression, had been twice an inmate of this Asylum, from which he was removed by his guardian some 12 months ago, considerably improved though not recovered. Since leaving the Asylum he had continued with more or less

Risk from Suicide.

Example of Suicide at Home, by Melancholic previously inmate.

regularity at his occupation, but latterly he was observed to become more depressed in mind. This very naturally aroused the anxiety of his guardian, who came to consult us about his case. The advice given to the guardian was to send the patient to the Asylum without delay, the risk from suicide being distinctly pointed out to him, and he obtained from us the papers necessary to be filled up for the admission of the patient. The advice was not followed; and within a few weeks thereafter, the Melancholic committed suicide by drinking a quantity of Nitric Acid, from the effects of which he died the same day.

In connection with admissions we must, however reluctantly, refer to the incorrect and unsatisfactory manner in which the Statutory Admission Papers, especially the Medical Certificates, are frequently filled up. Although the marginal notes in these forms give clear directions as to the mode and the terms in which they are to be filled up, many medical men pay little attention to these instructions, probably considering them unnecessary, and mere minor points of detail not affecting the validity of their certificate. These particulars ought to be attended to as strictly as any other part of the Certificate; and so long as certain forms are required by Statute, these forms should receive due attention and care from those whose duty it is to fill them up correctly.

The 36th Section of the Lunacy Act provides for the amending of incorrect or defective Orders and Medical Certificates, but it does not clearly define who shall have power to enforce such amendment, although, from the wording of the last clause in said section, "provided nevertheless that no such amendment shall have any force or effect unless the same shall receive the sanction of the Board," it may be inferred, that it is intended the Board should exercise this power. It would appear, however, that the General Board of Lunacy do not consider themselves vested with any such power by the 36th Section; although the English Board of Lunacy exercise this very power, as they seem to put a different interpretation upon the corresponding sections in the English Acts, which are substantially the same as the 36th Section of the Scotch Act.

As a consequence, this duty of amending has devolved upon the Superintendent, whose practice has been, so far as possible, to obtain the amendment of any incorrect or defective admission papers prior to the reception of the patient into the Asylum; but in several cases, where the parties who signed the papers were at a distance, this was obviously impossible, unless admission had been refused, which we would not have considered ourselves justified in doing. The patients were admitted with the imperfect papers, on the understanding that they would be amended as early as possible; but in some cases we have experienced considerable trouble, and in others not a little difficulty, in getting the certificates amended by the medical men.

Difficulties from want of proper power to enforce amendments.

This mode of procedure is evidently very unsatisfactory to all parties concerned, to remedy which it is very desirable that the 36th Section should expressly determine the party intrusted with the power of enforcing the amendment of incorrect or defective orders and medical certificates.

Necessity of better definition of 36th Section.

Of the 56 discharged or removed, the sexes were nearly balanced—27 males and 29 females, of whom 15 were private and 41 were pauper patients.

Discharge by Sex. Class.

There were discharged “recovered,” 18 (5 males and 13 females); “relieved” or improved, 12 (5 males and 7 females); and 26 (17 males and 9 females) were removed “not improved.”

Considering the chronicity of our population, which tends to diminish the number of cures, it is very satisfactory to find that the recoveries during the past year constitute 50 per cent. of the admissions, which is a ratio considerably above the average of Asylums. As appears from the following summary of general results, this is the largest per centage of recoveries for the last eight years:—

Recoveries

Comparison with former years.

SUMMARY OF STATISTICAL RESULTS FOR LAST 8 YEARS.

YEAR.	Average daily number of Patients under Care.	Admissions.	Discharges.	Recoveries.	Percentage of Recoveries, calculated on Admissions.	Deaths.	Percentage of Deaths calculated on total number of Patients under Care.
1854-5, - -	135·378	36	74	17	47·20	15	7·24
1855-6, - -	140·549	39	26	16	41·02	7	4·07
1856-7, - -	150·063	47	38	22	46·80	7	3·62
1857-8, - -	164·358	69	49	22	31·83	14	6·42
1858-9, - -	190·310	79	53	34	43·03	11	4·33
1859-60, -	196·007	57	53	22	38·59	10	3·87
1860-61, -	201·402	62	65	29	46·77	10	3·74
1861-62, -	187·935	36	56	18	50·	4	1·68
Average of last 8 years,	170·750	53·12	51·75	22·50	43·15	9·75	4·37

Of those recovered, 6 were private and 12 were pauper patients. The female recoveries were nearly three times more numerous than the male, whereas in the admissions the sexes were nearly equal. The greatest number, all being females, recovered between the ages of 30 and 40—a significant fact, taken in connection with this being the same period during which the greatest number of admissions took place. The married exceeded the number of single and widowed who recovered. With regard to the form of insanity, it is worthy of note, as bearing upon the liability to relapse, that 5, or nearly 28 per cent., were recoveries from recurrent insanity. The greatest number recovered from acute mania.

With regard to the duration of insanity prior to admission in those who recovered, the following facts show how recovery is influenced by early treatment:—In 16, or 88 per cent., the duration of insanity prior to admission had been under three months; whilst in the remaining 2 patients recovered, it had been from three to twelve months. The residence in the Asylum had been under twelve months, in 15, or 83 per cent., of those who recovered—the remaining 3 who recovered had resided from 1 to 3 years in the Asylum. In 10 of those who recovered, or 55 per cent., there had been previous attacks of insanity, confirming the law, that, after a first attack, there is

a great tendency to recurrence, at some period or other, whether near or remote.

38 patients have been discharged not recovered, of whom Discharges.
12 (5 males and 7 females) were "relieved," and 26 (17 males Non-recovered
and 9 females) were "not improved"—9 belonging to the
private and 29 to the pauper class. Class.

24, or nearly two-thirds, of those removed non-recovered Duration of
had been resident from 2 to 34 years, half of this number Residence in
having resided above 5 years. Of these, 1 had been resident Asylum.
between 33 and 34 years—nearly since the opening of the
Institution; 2 had been inmates between 28 and 30 years; 3
between 10 and 15 years; and 6 between 5 and 10 years.

In the half of those removed non-recovered, the form of Proportion of
insanity was chronic dementia, and in nearly a-sixth it was Chronic
chronic mania. Insanity.

Of the 29 paupers removed non-recovered, 16 (11 males and Compulsory
5 females)—all chronic cases, presenting little prospect of Removal of
mental recovery, and the majority of whom had been resident Chronic
for a number of years—were removed, at the request of the Cases.
Directors, by Inspectors of Poor, and transferred to other Transfers to
Asylums. other Asylums.

9 (2 males and 7 females), chiefly demented, quiet, and Transfers under
tractable cases, were removed by Inspectors of Poor (some of Schedule
these also being at request of the Directors), under Schedule D² to Private
D², to be boarded with relatives, friends, or others, in private Houses as
houses, as single patients; all of whom, with the exception of single patients.
two, were recommended by us as deserving a trial of residence
out of the Asylum. This recommendation we invariably quali-
fied with the condition, provided they are placed *under proper*
care and supervision; for the injurious effects upon the insane
by the injudicious, unkind, or ignorant management of them
by custodiers, who possess no qualifications fitting them for
that delicate office, are well known to every Asylum Superin-
tendent.

Two male paupers were transferred to Lunatic Wards of Transfers to
Poorhouses. Poorhouses.

The remaining two males, although admitted as pauper Evasion of
patients, were removed as private patients by their relatives— Schedule D

this conversion from pauper into private patient having taken place in order to effect their removal by the friends without the expense and trouble attendant upon obtaining the forms required by the Board of Lunacy, before their sanction is granted to the removal of any non-recovered pauper lunatic from an Asylum.

19 of the paupers removed non-recovered were chargeable to parishes in the county of Perth, whilst the remaining 10 were chargeable to parishes in the counties of Fife, Kinross, Dumbarton, and Ross (see Tables in Appendix).

In the number discharged "relieved" is included an insane drinker or dipsomaniac, with a confirmed propensity for stimulants of 15 years' standing, who, although recovered intellectually, could not be considered in any respect morally recovered or reformed. We have, therefore, preferred to class him amongst the "relieved," rather than to increase our ratio of recoveries by the addition of what, at the best, was only a very partial recovery; for our experience leads us to the conviction, that six months' residence in an Asylum are quite inadequate to cure the moral perversion, or effectually to strengthen the self-control, of a confirmed dipsomaniac. The removal of this patient was ordered by the Directors on the ground that, being recovered intellectually, he was not a "lunatic" according to the Statute, and that consequently they had no power of compulsory detention. Owing to there being no adequate legislative provision to meet the case of insane drinkers, who do not appear to be diminishing in number, great difficulties are constantly experienced in the care and management of this unfortunate class—our knowledge of whom forces upon us the conviction that an Asylum for the insane is not the place best adapted for their treatment, but that they require special Institutions, where they would be placed under special discipline and management. Till such special Institutions spring up, under legal sanction, Lunatic Asylums must continue to receive many urgent cases of inveterate drinkers, who are more dangerous to themselves and to society than a large number of those resident in Asylums, to whose names there has been little difficulty in affixing the statutory term

“lunatic,” to which so much importance has been attached. There appears to be a growing necessity for Houses, legally sanctioned, for the care of this unfortunately too numerous class. In two apparently confirmed cases of dipsomania—a lady and a gentleman—we were consulted, not with regard to sending them to an Asylum, but as to some quiet boarding-house in the country to which it was desired to send them, so as to avoid their being made certificated “lunatics”—the process necessary for admission into an Asylum.

The association of dipsomaniacs with the ordinary community of an Asylum operates injuriously in a twofold way; both upon the inebriate himself, and upon his insane fellow inmates. As a rule, they are prone to exaggeration both in word and deed—are not over-truthful—are cunning, resorting to every artifice to gratify their morbid propensity—very plausible—frequently very intelligent and shrewd—find their stimulant in mischief-making, scandal-talking, or in quarrelling with those about them. Add to all this their particular acquaintance with the meaning of the statutory term “lunatic,” and their knowledge that an Asylum has no power of compulsory detention over them beyond a limited period, and we think we have shown such a combination of qualifications, or rather non-qualifications, as to render such persons, in our opinion at least, very undesirable inmates of Asylums, whether regard be had to the amount of benefit likely to be derived by them from Asylum treatment, or the injurious effects upon the ordinary inmates of an Asylum by associating with such morally perverted characters. The sheet-anchor of Asylum treatment—the milk of human kindness—is not always found to be effectual for their cure; it very frequently turns acid, and is rejected by them, or is received without producing any good or permanent results. On the other hand, their influence over those around them, whose intellectual nature may be weaker than their own, but whose moral nature may be vastly superior, is oftentimes found to be anything but beneficial.

The mortality during the past year has been 2·12 per cent. of the average daily number resident; or 1·68 per cent. of the total number under care during the year—an unusually low

Instances showing the aversion to being made certificated “Lunatics.”

Disadvantages of associating Dipsomaniacs with the ordinary community of an Asylum.

Little permanent benefit to their own moral nature from want of legal power to enforce lengthened discipline and restraint.

Their influence over others injurious.

Mortality.

mortality. mortality, whether as compared with our death-rate for the 7 previous years, in each of which it was considerably higher (as will be seen on referring to the Summary of Statistics at page 16), or as compared with the mortality in other Asylums.

This is all the more satisfactory considering the advanced years of our community, nearly half of whom are between 50 and 78 years of age, which might have prepared us to expect a different result—a larger mortality.

probable
se. The diminution in deaths may be greatly accounted for by the more favourable meteorological conditions of 1861-62, especially the mildness of the past winter compared with the previous unusually severe winter of 1860, which was most unfavourable to the health of our population, having been characterised by low mean temperature (the cold having been greater than has been known in this country for very many years), and by excessive humidity of the atmosphere.

re favour-
e Meteoro-
ical condi-
ns. From a comparison of the Thermometrical Register for the two years 1860 and 1861 (see Appendix), it appears, that there was a difference of 21 degrees in the minimum temperature of the two years. The lowest minimum temperature for the month in 1860 was 0 deg., whilst in 1861 it was 21 degs.; or, to contrast the two coldest months of 1860 with the corresponding months of 1861, we find that in 1860, the minimum temperature of the two coldest months was 0 deg. in February, and 3 degs. in December; whereas in 1861 it was 30 degs. in February, and 27 degs. in December. The mean monthly difference in the minimum temperature of 1860 and 1861 was 16·25 degs.; or on an average, 16 degrees of lower temperature each month in 1860. The difference in the mean temperature for the year was 8·64 degs. higher temperature in 1861.

comparision of
0 and 1861
regards
perature,
its influ-
e on health. Our low mortality, therefore, may be regarded as indicating that a very fair amount of health has been enjoyed by our population. If we look at the general health of our community from another point of view—from the daily number of patients on the sick list (as seen in Table in Appendix)—we find it equally satisfactory. The average daily number of males suffering from bodily ailments during the year was 1·70; and of females

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on of Insti-
on, as
icated by
v Mortality
Small
k List.

3·11—the average daily number of total 4·81. The average daily per centage on sick list was 1·83 males, and 3·26 females; of the total of both sexes on sick list, the average daily per centage was 2·54; or, in other words, less than 2 in 100 males, and rather more than 3 in 100 females, were daily on the sick list.

The deaths amount to 4—all paupers, two of each sex. The average age at death was 59. The average duration of residence was six and a-half years. The duration of residence in the Asylum had been under two months in one case—an old man 66 years of age, who was admitted suffering from acute mania combined with a greatly reduced physical condition, and whose days, it might be said, were numbered on admission; another of those who died had been resident 10 years; the third had been an inmate for 11 years; and the fourth had resided for 5 years. The causes and time of death, and the form of insanity in those who died, will be seen in tables in Appendix.

Deaths—in relation to class, sex, &c.

With the exception of a few cases of fever (from which all the patients are now convalescent), the Institution has been free from any epidemic during the past year. The fever referred to appeared in April, and was characterised by general prostration, a great liability to relapse, and a tendency to involve to a greater or less extent the abdominal viscera.

Slight epidemic of fever

Its general character

Its cause cannot be traced to any defective sanitary arrangements, but can only be ascribed to atmospheric agencies, which are now generally admitted to bear an important relation to the health of a community.

Its probable cause.

Atmospheric Agencies.

This view of its origin is strengthened by the fact, that the weather during March and the early part of April, the period immediately preceding the occurrence of this illness, was most unfavourable to health—having been marked by an unusual prevalence of biting east wind, a remarkably low temperature, combined with a humid and cloudy state of the atmosphere. The minimum temperature for the month of March was 28 degrees, being lower than the same month in the previous year. This lowering of temperature was sudden, reaching 6 degrees below the minimum temperature of the month immediately preceding.

Cold combined with Damp

Convinced of the importance, as well as of the positive economy, of rewarding really good attendants by correspond-

Attendants' Wages.

endants'
ges.

ingly good wages, the Directors have from time to time during the past year made various additions to the wages of really deserving attendants, who, from length of service or special usefulness merited consideration.

reation and
cation.

usements.
ses, Lec-
s, &c.

As heretofore, our means of recreation and education have been in active operation, consisting of our usual in-door amusements and out-door games, classes, assemblies, concerts, &c. During the winter the 7th Course of Lectures was delivered.

seum and
rary.

To those kind friends from the town and neighbourhood who have added to the happiness and amusement of the inmates during the past winter, or who have aided in their instruction, by appeals both to the mind and the senses, our best acknowledgements are due. Nor can we omit to tender our hearty thanks to those generous contributors and donors to the Asylum Museum and Library, which are gradually augmenting their stores, and which are in a very prosperous condition.

seum.

ses.

aid to other
ational
ns.

The Museum is, in our opinion, a most important adjunct to our other educational means; and we believe that its usefulness, as a means of interesting, instructing, and, in the literal acceptance of that word, *educating* the mentally afflicted, may be still further extended, with the most beneficial results. This principle has been duly recognised, and acted upon. Specimens from the shelves of our Museum have been made the subject of lectures or demonstrations to the inmates, who have also had opportunities of inspecting its wonders and treasures for themselves. In this view, therefore, specimens of natural history, of vegetable products, of raw material or manufactured articles, illustrating Nature's bounties, human art or human industry, form valuable additions to the Museum, and are gratefully appreciated.

ustrial
artment.

From the Tables relating to Industrial Department (in Appendix), which illustrate the value of produce and of patients' labour in 1861, we find:—

den and
n Produce.

1. That the total Farm and Garden Produce, which has been steadily increasing in annual value during the last seven years, amounted, in 1861, to £366 8s 1d, being an increase of £10 12s 8d on the previous year, 1860.

2. That in the Garden and Grounds, which continue to be a healthful, as well as a profitable, source of occupation, some 26 male patients are employed daily, the value of whose labour for the year 1861 is estimated at £193 15s 6d. Value of Patients' work in Garden and Grounds.
 3. That the value of Female Needlework and Millinery by patients, in 1861, is estimated at £86 9s, being an increase of £14 7s 11d on similar work in 1860. Female Needlework and Millinery.
 4. That the Artizan Work done by male patients amounts to £111 8s 2d. Artizan work.
 5. That the value of work done by male patients is more than twice as high as that done by female patients—the value of total work done by the former amounting to £305 3s 8d; whilst the value of total work done by the latter amounts to £143 18s 1d—the value of total work done by both sexes being estimated at £449 1s 9d. Male and Female work contrasted.
 6. That 94 patients, being 52·81 per cent. of the number resident on 4th June, 1862, were Employed; and that those Unemployed numbered 84, being less than a half, or 47·19 per cent. Number Employed and Unemployed on 4th June 1862.
- The average number, both of males and of females, employed throughout the year was larger than that on 4th June, 1862—viz., 109 in all, or 57·97 per cent. Average number Employed.

It will thus be seen that, considering the number in the Institution, the class, and advanced years of many of the inmates, a very fair proportion is employed, and that the results of their labour are also remunerative.

Amongst the improvements that have been effected during the year may be mentioned the papering of all the bed-rooms occupied by private patients of both sexes—the planting of two Airing-Courts with flowers and shrubs, the one Airing-Court being for female private patients, and the other for the worst class of female paupers, in both instances with the best results; the female paupers appearing to appreciate the confidence placed in them, and to show that all the finer parts of their nature are not dead though dormant, but that they are still capable of taking an interest in Nature's works—the love of Improvements: Papering of Bed-rooms. Planting of Female Airing-Courts.

flowers and of Nature being innate more or less in all, and being that part of the mental constitution which is one of the last to desert those who by affliction have fallen from that exalted position of mind in which their All-Wise Creator originally placed them.

aries. Two small towers previously empty, situated at the corners of Airing-Courts for male and female private patients, have been converted into aviaries, which now contain pigeons and turtle-doves.

proved
vatories for
pers. Another improvement begun, but not yet completed, will be the conversion of antiquated and inconvenient Lavatories in two pauper galleries, occupied by males and females respectively, into more modern and less objectionable ones.

dition to
ad Attend-
s' House. An addition has been made to the Head Attendant's House, which has also been papered and painted.

J. MURRAY LINDSAY, M.D.,
Interim Physician-Superintendent.

9th June, 1862.

APPENDIX,

CONSISTING OF

STATISTICAL TABLES.

I.—GENERAL RESULTS FOR THE YEAR 1861-62.

	Males.	Females	Total.
Patients admitted from 1827 to 1861, ...	652	676	1328
Of these were Discharged or Removed—			
Recovered, ...	235	328	563
Improved, ...	84	72	156
Not Improved, ...	87	78	165
Died, ...	149	93	242
Total discharged and died from 1827 to 1861,	555	571	1126
Patients remaining on 10th June, 1861, ...	97	105	202
„ admitted during the year from 10th June, 1861, to 9th June, 1862, ...	17	19	36
Total number of Patients under care during 1861-62, ...	114	124	238
Of these were discharged or removed—			
Recovered, ..	5	13	18
Improved, ...	5	7	12
Not Improved, ...	17	9	26
Died, ...	2	2	4
Total discharged and died during 1861-62,	29	31	60
Patients remaining on 9th June, 1862, ...	85	93	178
Of those remaining on 9th June, 1862, the Classes are—			
Private, ...	37	37	74
Pauper, ...	48	56	104
Total Patients of both Classes, ...	85	93	178
Average daily number resident during 1861-62,			
Males, 92·65; Females, 95·28. Total, 187·93—Say 188.			

II.—ADMISSIONS DURING 1861-62.

	Males.	Females	Total.
<i>1.—Age of Patients admitted.</i>			
Between 15 and 20 years, ...	1	0	1
„ 20 „ 30 „	5	2	7
„ 30 „ 40 „	4	8	12
„ 40 „ 50 „	2	4	6
„ 50 „ 60 „	4	3	7
„ 60 „ 70 „	0	1	1
„ 70 „ 73 „	1	1	2
	17	19	36
<i>2.—Condition as to Marriage.</i>			
Married, ...	5	7	12
Single, ...	12	9	21
Widowed, ...	0	3	3
	17	19	36
<i>3.—Occupation or Position in Life.</i>			
Artist, ...	1	0	1
Clerk in Bank, ...	1	0	1
Clerk, mercantile, ...	1	0	1
Baker's apprentice, ...	1	0	1
Dairy maid, ...	0	1	1
Farmers, ...	2	0	2
Farm servants, ...	1	2	3
Housekeeper, ...	0	1	1
Joiners, ...	2	0	2
Labourer, ...	1	0	1
Labourers, wives of, ...	0	3	3
No occupation, ...	0	3	3
Officer in army, ...	1	0	1
Ploughmen, wives of, ...	0	2	2
Prison warder, wife of a, ...	0	1	1
Printer, ...	1	0	1
Saddler, wife of a, ...	0	1	1
Servants, domestic, ...	0	2	2
Shipowner, ...	1	0	1
Shoemaker, ...	1	0	1
Shoemaker, wife of a, ...	0	1	1
Sailor, ...	1	0	1
Shipmaster, wife of a	0	1	1
Weavers, ...	2	0	2
Worker at a Bleachfield, ...	0	1	1
	17	19	36

II.—ADMISSIONS—[CONTINUED].

	Males.	Females	Total.
<i>4.—Form of Insanity.</i>			
Mania acute and recent, ...	8	8	16
„ Chronic, ...	0	2	2
Monomania, ...	2	0	2
Melancholia, ...	3	5	8
Dementia Chronic, ...	2	2	4
„ Senile, ...	1	2	3
Moral Insanity (dipsomania), ...	1	0	1
	17	19	36
<i>5.—Causes Assigned.</i>			
Anxiety, ...	0	1	1
Child birth, ...	0	1	1
Disappointed affection, ...	0	1	1
Domestic trouble, ...	1	1	2
Grief, ...	0	2	2
Hereditary tendency, ...	3	2	5
Ill health, ...	1	1	2
Intemperance, ...	3	0	3
Love, ...	1	0	1
Miscarriage, ...	0	1	1
No cause assigned or known, ...	6	2	8
Over exertion, ...	0	1	1
Religious excitement, ...	1	3	4
Seduction, ...	0	1	1
Senility, ...	1	2	3
	17	19	36
<i>6.—Bodily Condition on Admission.</i>			
Good, ...	10	8	18
Indifferent, ...	5	7	12
Bad, ...	2	4	6
	17	19	36

II.—ADMISSIONS—[CONTINUED].

7.—*Duration of Mental Disease prior to Admission, with the probable Curability and Incurability of those admitted.*

Duration of Disease.	Considered Curable.			Considered Incurable.		
	Males.	Females	Total.	Males.	Females	Total.
Under 1 week,	0	1	1			
Between 1 week & 1 month,	4	4	8			
„ 1 and 6 months,	6	5	11			
„ 6 and 12 „	1	2	3		1	1
„ 1 and 2 years,	0	2	2		1	1
„ 2 and 5 „	1	0	1	1	1	2
„ 5 and 10 „	0	0	0	1	2	3
„ 10 and 20 „	1	0	1	2	0	2
	13	14	27	4	5	9

				Males.	Females	Total.
8.— <i>Number Admitted each Month.</i>						
1861.	June (from the 10th),	...	...	1	0	1
	July,	...	...	4	0	4
	August,	...	...	2	3	5
	September,	...	...	0	2	2
	October,	...	...	1	1	2
	November,	...	...	2	0	2
	December,	...	...	0	1	1
1862.	January,	...	...	1	2	3
	February,	...	...	3	0	3
	March,	...	...	0	2	2
	April,	...	...	1	3	4
	May,	...	...	1	4	5
	June (up to 9th),	...	...	1	1	2
				17	19	36
9.— <i>Class of those Admitted.</i>						
Private,	...	...	...	6	7	13
Pauper,	...	...	...	11	12	23
				17	19	36

II.—ADMISSIONS—[CONTINUED].

	Males.	Females	Total.
10.— <i>Number of previous attacks in those Admitted.</i>			
One previous attack in	1	5	6
Two previous attacks in	1	1	2
Three previous attacks in	1	0	1
Four previous attacks or more in	1	0	1
	4	6	10
11.— <i>Intervals between the last and the present attack.</i>			
Between 2 and 3 months, ...	0	1	1
„ 3 „ 6 „	1	0	1
„ 1 „ 2 years, ...	2	1	3
„ 4 „ 5 „	0	1	1
„ 5 „ 6 „	0	1	1
„ 7 „ 8 „	0	1	1
„ 9 „ 10 „	1	0	1
„ 19 „ 20 „	0	1	1
	4	6	10
12.— <i>Suicidal and violent propensities exhibited prior to Admission.</i>			
(1) Attempted suicide, ...	0	3	3
(2) Meditated do., ...	2	2	4
(3) Violent to relatives or others, ...	6	4	10
	8	9	17
(a) <i>Means by which Suicide was attempted.</i>			
Cut throat, ...	0	1	1
Strangulation, ...	0	1	1
Drowning, ...	0	1	1
	0	3	3
(b) <i>Form of Insanity during which Suicide was attempted.</i>			
Melancholia, ...	0	2	2
Senile Dementia, ...	0	1	1
	0	3	3
(c) <i>Form of Insanity during which Suicide was meditated.</i>			
Melancholia, ...	1	1	2
Mania, ...	1	1	2
	2	2	4

II.—ADMISSIONS—[CONTINUED].

	Males.	Females	Total.
<i>(d) Form of Insanity during which violent propensities were exhibited.</i>			
Mania, ...	3	4	7
Monomania, ...	2	0	2
Moral Insanity (Dipsomania), ...	1	0	1
	6	4	10
13.— <i>Re-admissions. (a) Frequency.</i>			
For the second time, ...	1	6	7
For the third time, ...	2	0	2
	3	6	9
<i>(b) Intervals between Discharge and Re-admission.</i>			
Under 1 day, ...	0	1	1
Between 2 and 3 months, ...	1	1	2
„ 1 „ 2 years, ...	1	1	2
„ 5 „ 10 „	0	3	3
16 years, ...	1	0	1
	3	6	9
14.— <i>Parishes and Counties from which Pauper Patients were admitted during 1861-62.</i>			
I.—PERTSHIRE.			
Auchterarder, ...	0	2	2
Blairgowrie, ...	0	1	1
Comrie, ...	1	1	2
Coupar-Angus, ...	1	0	1
Dunbarney, ...	0	1	1
Findo-Gask, ...	0	1	1
Kinnaird, ...	0	1	1
Kinnoull, ...	1	0	1
Methven, ...	2	0	2
Monzievaird, ...	1	0	1
Perth, ...	2	2	4
Redgorton, ...	1	0	1
Scone, ...	1	0	1
Tibbermore, ...	1	2	3
Total Perthshire Paupers admitted.	11	11	22
II.—FIFESHIRE.			
Largo, ...	0	1	1
Total Paupers admitted during 1861-62,	11	12	23

III.—DISCHARGES. RECOVERIES.

	Males.	Females	Total.
<i>1. Class of those Recovered.</i>			
Private, ...	1	5	6
Pauper, ...	4	8	12
	5	13	18
<i>2. Age of those Recovered.</i>			
Between 15 and 20 years, ...	1	1	2
„ 20 and 30 years, ...	1	1	2
„ 30 and 40 years, ...	0	8	8
„ 40 and 50 years, ...	2	2	4
„ 50 and 60 years, ...	1	1	2
	5	13	18
<i>3. Condition as to Marriage.</i>			
Married, ...	3	8	11
Single, ...	2	4	6
Widowed, ...	0	1	1
	5	13	18
<i>4. Form of Insanity in which recovery took place.</i>			
Mania, acute, ...	3	3	6
„ recurrent, acute, ...	1	4	5
Monomania, ...	0	2	2
Melancholia, ...	1	4	5
	5	13	18
<i>5. Duration of Insanity prior to admission.</i>			
Under 1 week, ...	1	3	4
Between 1 week and 1 month, ...	3	7	10
„ 1 and 3 months, ...	0	2	2
„ 3 „ 12 months, ...	1	1	2
	5	13	18
<i>6. Duration of residence in Asylum.</i>			
Under 3 months, ...	2	2	4
Between 3 and 6 months, ...	3	4	7
„ 6 and 12 months, ...	0	4	4
„ 1 and 2 years, ...	0	2	2
„ 2 and 3 years, ...	0	1	1
	5	13	18

III.—RECOVERIES—[CONTINUED].

	Males.	Females	Total.
<i>7. Number of previous attacks in those discharged Recovered.</i>			
One previous attack in	1	5	6
Two previous attacks in	1	2	3
Several previous attacks in	0	1	1
	2	8	10
<i>8. Number discharged Recovered each Month.</i>			
1861. June (from the 10th), ...	0	1	1
August, ...	1	1	2
September, ...	1	2	3
October, ...	0	1	1
November, ...	1	1	2
December, ...	1	1	2
1862. February, ...	0	2	2
March, ...	0	4	4
May, ...	1	0	1
	5	13	18

The Recoveries constitute 50 per cent. of the Admissions.

IV.—REMOVALS OF NON-RECOVERED PATIENTS.

	Males.	Females	Total.
<i>1. Mental condition on removal, of those Non-recovered.</i>			
"Relieved,"	5	7	12
"Not improved,"	17	9	26
	22	16	38
<i>2. Class of those removed Non-recovered.</i>			
	<i>"Relieved."</i>		<i>"Not improved."</i>
	Males.	Females.	Males. Females.
Private,	1	4	4 0
Pauper,	4	3	13 9
"Relieved,"	5	7	5 7 12
"Not improved,"			17 9 26
	22	16	38

IV.—REMOVALS. NON-RECOVERIES—[CONTINUED].

	Males.	Females	Total.
<i>3. Duration of residence in Asylum of those removed Non-recovered.</i>			
Under 3 months, ...	2	1	3
Between 6 and 12 months, ...	2	1	3
„ 1 and 2 years, ...	2	6	8
„ 2 and 3 „	4	1	5
„ 3 and 4 „	3	1	4
„ 4 and 5 „	1	2	3
„ 5 and 10 „	3	3	6
„ 10 and 15 „	3	0	3
„ 28 and 30 „	1	1	2
„ 33 and 34 „	1	0	1
	22	16	38
<i>4. Form of Insanity in those removed Non-recovered.</i>			
Mania, recent, ...	2	2	4
„ chronic, ...	1	5	6
„ religious, ...	0	1	1
„ homicidal, ...	1	0	1
Monomania, ...	2	1	3
Melancholia, suicidal, ...	1	1	2
Dementia, chronic, ...	13	6	19
Imbecility, congenital, ...	1	0	1
Moral Insanity (dipsomania), ...	1	0	1
	22	16	38
<i>5.—Paupers Removed Non-recovered; how disposed of.</i>			
* (1) Removed as Private Patients to care of Relatives, ...	2	0	2
(2) Transferred to other Asylums, ...	11	5	16
(3) Transferred to Private Houses or Cottages, as single patients, under Schedule D ² , ...	2	7	9
(4) Transferred to Lunatic Wards of Poor-houses, ...	2	0	2
	17	12	29
Total Pauper Transfers and Removals,			
* (1) Admitted as Pauper Patients, but converted into Private Patients, in order to effect removal without the sanction of Board of Lunacy.			

IV.—REMOVALS. NON-RECOVERIES—[CONTINUED].

	Males.	Females	Total.
6.— <i>Parishes and Counties to which the Paupers Removed Non-recovered were Chargeable.</i>			
I.—PERTHSHIRE.			
Blair-Athole, ...	1	0	1
Blairgowrie, ...	0	1	1
Caputh, ...	1	0	1
Comrie, ...	1	0	1
Crieff, ...	1	0	1
Dunblane, ...	2	0	2
Dunning, ...	0	1	1
Errol, ...	1	0	1
Fowlis-Wester, ...	1	0	1
Kenmore, ...	0	1	1
Killin, ...	0	1	1
Methven, ...	1	0	1
Meigle, ...	1	0	1
Perth, ...	1	1	2
Rattray, ...	1	0	1
Tulliallan, ...	1	1	2
Total Perthshire Paupers, ...	13	6	19
II.—FIFESHIRE.			
Cameron, ...	1	0	1
Carnock, ...	1	0	1
Cupar, ...	0	1	1
Falkland, ...	0	1	1
Newburgh, ...	0	1	1
Torryburn, ...	1	0	1
Total Fifeshire Paupers, ...	3	3	6
III.—KINROSS-SHIRE.			
Orwell, ...	0	1	1
IV.—DUMBARTONSHIRE.			
Cumbernauld, ...	0	1	1
V.—ROSS-SHIRE.			
Logie Easter, ...	1	1	2

IV.—REMOVALS. NON-RECOVERIES—[CONTINUED].

	Males.	Females	Total.
<i>7.—Summary of Counties.</i>			
1. Perthshire, ...	13	6	19
2. Fifeshire, ...	3	3	6
3. Kinross-shire, ...	0	1	1
4. Dumbartonshire, ...	0	1	1
5. Ross-shire, ...	1	1	2
Total Paupers Removed Non-recovered,	17	12	29

V.—DEATHS DURING 1861-62.

	Males.	Females	Total.
<i>1.—Age at Death.</i>			
45 years, ...	1	0	1
Between 60 and 67 years, ...	1	2	3
Average age at death, 59·5, ...	2	2	4
<i>2.—Causes and Time of Death.</i>			
Senile decay and Hip disease: died at 2.15 P.M.,	1	0	1
Senile decay and visceral disease: died at 3 P.M.,	0	1	1
Tubercular disease of lungs: died at 7.55 A.M.	0	1	1
Fracture of Cranium, with inflammation of brain and membranes, caused by injury to head: died at 7.20 P.M., ...	1	0	1
	2	2	4
<i>3.—Duration of residence in Asylum of those who died.</i>			
Under two months, ...	1	0	1
Five years, ...	0	1	1
Between 10 and 12 years, ...	1	1	2
	2	2	4
Average duration of residence six-and-a-half years.			

V.—DEATHS—[CONTINUED].

	Males.	Females	Total.
4.— <i>Form of Insanity in those who died.</i>			
Mania, acute, ...	1	0	1
„ chronic, ...	0	1	1
Monomania, ...	1	0	1
Dementia, ...	0	1	1
	2	2	4
5.— <i>Class.</i>			
All those who died belonged to the pauper class.			
The Deaths constitute—			
2·12 per cent. of the average daily number resident.			
1·68 per cent. of the total number under care during the year.			

VI.—TABLES RELATING TO PRESENT POPULATION.

1.—*Form of Insanity, with the probable Curability and Incurability of Patients Resident on 9th June, 1862.*

Form of Insanity.	Maximum Considered Curable.			Considered Incurable.		
	Males.	Females	Total.	Males.	Females	Total.
Mania, recent and acute,	9	11	20	0	0	0
„ chronic, ...	2	6	8	10	23	33
Monomania, ...	5	1	6	12	3	15
Melancholia, ...	5	8	13	4	3	7
Dementia, senile,	0	0	0	1	2	3
Dementia, congenital,	0	0	0	2	4	6
Dementia, chronic,	0	0	0	35	32	67
	21	26	47	64	67	131

The probably Curable constitute—

26·40 per cent of the present population.

The probably Incurable constitute—

73·60 per cent. of the present population.

VI.—PRESENT POPULATION—[CONTINUED].

	Males.	Females	Total.
<i>2.—Duration of Insanity in patients resident on 9th June, 1862.</i>			
Under 3 months, ...	0	3	3
Between 3 and 6 months, ...	3	2	5
„ 6 and 12 „	2	2	4
„ 1 and 2 years, ...	11	13	24
„ 2 and 5 „	22	28	50
„ 5 and 10 „	21	19	40
„ 10 and 15 „	5	6	11
„ 15 and 20 „	7	1	8
„ 20 and 25 „	8	4	12
„ 25 and 30 „	5	5	10
„ 30 and 35 „	1	5	6
Congenital, ...	0	5	5
Patients resident 9th June, 1862, ...	85	93	178
<i>3.—Age of patients resident on 9th June, 1862.</i>			
Between 20 and 30 years, ..	9	6	15
„ 30 and 40 „	20	22	42
„ 40 and 50 „	25	23	48
„ 50 and 60 „	20	27	47
„ 60 and 65 „	6	9	15
„ 65 and 70 „	1	2	3
„ 70 and 75 „	3	3	6
„ 75 and 78 „	1	1	2
	85	93	178
<i>4.—Length of residence in Asylum of patients resident on 9th June, 1862.</i>			
Under 3 months, ...	3	8	11
Between 3 and 6 months, ...	4	4	8
„ 6 and 12 „	10	7	17
„ 1 and 2 years, ...	10	10	20
„ 2 and 5 „	21	25	46
„ 5 and 10 „	11	11	22
„ 10 and 15 „	8	7	15
„ 15 and 20 „	5	10	15
„ 20 and 25 „	7	3	10
„ 25 and 30 „	4	3	7
„ 30 and 35 „	2	5	7
	85	93	178

VI.—PRESENT POPULATION—[CONTINUED].

5.—*Showing the number of Pauper Patients resident on 9th June, 1862; with the parishes and counties to which they are chargeable.*

	Males.	Females	Total.
I.—PERTHSHIRE.			
Abernethy, ...	1	0	1
Auchterarder, ...	0	1	1
Auchtergaven, ...	3	2	5
Blair-Athole, ...	1	1	2
Blairgowrie, ...	0	2	2
Callander, ...	1	0	1
Clunie, ...	0	1	1
Comrie, ...	2	1	3
Culross, ...	1	0	1
Dull, ...	2	3	5
Dunbarney, ...	2	1	3
Dunblane, ...	0	3	3
Dunkeld, ...	1	1	2
Dunning, ...	1	0	1
Errol, ...	5	1	6
Findo-Gask, ...	0	1	1
Fowlis-Wester, ...	1	0	1
Inchture, ...	1	2	3
Kenmore, ...	1	1	2
Killin, ...	1	0	1
Kinnaird, ...	0	2	2
Kinnoull, ...	2	2	4
Little Dunkeld, ...	1	2	3
Longforgan, ...	0	1	1
Logierait, ...	2	2	4
Madderty, ...	0	1	1
Meigle, ...	0	1	1
Methven, ...	2	2	4
Monzie, ...	1	0	1
Monzievaird, ...	1	1	2
Moulin, ...	1	0	1
Muthill, ...	0	3	3
Perth, ...	4	5	9
Ratray, ...	0	1	1
Redgorton, ...	1	2	3
St Martins, ...	0	1	1
Scone, ...	4	5	9
Tibbermore, ...	3	3	6
Tulliallan, ...	0	1	1
Total Perthshire Paupers, ...	46	56	102

VI.—PRESENT POPULATION—[CONTINUED].

	Males.	Females	Total.
Brought Forward, ...	46	56	102
II.—SUTHERLANDSHIRE.			
Golspie, ...	1	0	1
III.—LANARKSHIRE.			
Calder, ...	1	0	1
Total number of Paupers resident, ...	48	56	104
Total number of Private Patients, ...	37	37	74
Total number of both classes resident on 9th June, 1862, ...	85	93	178

VII.—TABLES RELATING TO SANITARY CONDITION
OF THE ASYLUM.

1. *Illustrating the Bodily Health of the community, as indicated by the daily number on Sick List ("suffering from bodily ailments") during 1861-62.*

	Number of each Sex for the Month.		Total Number for the Month.	Daily Average of Total No. for the Month.
	Males.	Females		
1861. June (from 10th),	20	49	69	3.20
July, ...	40	80	120	3.87
August, ...	48	77	125	4.03
September, ...	38	81	119	3.96
October, ...	45	75	120	3.87
November, ...	73	101	174	5.80
December, ...	59	114	173	5.88
1862. January, ...	63	86	149	4.80
February, ...	40	95	135	4.82
March, ...	36	94	130	4.19
April, ...	51	79	130	4.33
May, ...	81	170	251	8.09
June (to 9th), ...	23	35	58	7.25
Average Daily number on Sick List, ...	1.70	3.11	4.81	4.81
Average Daily per centage, on Sick List, ...	1.83	3.26	2.54	

VII.—TABLES RELATING TO SANITARY CONDITION
OF THE ASYLUM.

2. *Influence of Temperature on Health.*

THERMOMETRICAL REGISTER FOR 1861,

Compared with that of 1860; showing a considerably Lower Monthly Minimum Temperature in 1860, than in 1861, as influencing the Mortality, which was much higher in 1860 than in 1861.

	Mean Temp. for Month.	Maximum Temp. for Month.		1861. Minimum Temp. for Month.		1860. Minimum Temp. for Month.		Differenc between Monthly Minimum Temp. of 1860 & 1861, being low Temp. in 1860.
		Day.	Temp.	Day.	Temp.	Temp.	Day.	
1861.								
January,	36°	31st	50°	4th	21°	21°	29th	None.
February,	42°	28th	50°	14th	30°	0°	14th	30°
March,	48°	14th	56°	21st	40°	26°	14th	14°
April,	56°	24th	63°	2d	48°	28°	11th	20°
May,	60°	19th	73°	9th	50°	36°	3d	14°
June,	70°	20th	79°	1st	60°	40°	2d	20°
July,	69°	15th	73°	10th	60°	45°	27th	15°
August,	67°	29th	71°	14th	60°	40°	31st	20°
September,	62°	1st	72°	27th	50°	32°	24th	18°
October,	54°	24th	59°	29th	43°	30°	10th	13°
November,	41°	20th	52°	24th	30°	23°	28th	7°
December,	37°	17th	50°	25th	27°	3°	25th	24°
Mean for the year 1861,	53·82°		62·33°		43·25°	27°		16·25°
Mean for the year 1860,	45·18°		61·58°		27°			-
Difference, be- ing higher temperature in 1861.	8·64°		·75°		16·25°			

VII.—TABLES RELATING TO SANITARY CONDITION.
OF THE ASYLUM.

THERMOMETRICAL REGISTER FOR FIVE MONTHS OF 1862.

	Mean Temp. for Month.	Maximum Temp. for Month.		Minimum Temp for Month.	
		Day.	Temp.	Day.	Temp.
1862.					
January, ...	40°	29th	51°	20th	34°
February, ...	45°	4th	54°	9th	34°
March, ...	43°	13th	54°	4th	28°
April, ...	52°	30th	65°	13th	40°
May, ...	60°	1st	68°	15th	53°
Mean for the 5 months of 1862, ...	48°		58·4°		37·8°

VIII.—TABLES RELATING TO VISITS TO PATIENTS.

TABULAR ANALYSIS OF "VISITORS' BOOK,"
FOR YEAR 1861.

	Private.	Pauper.	Total.	Private.	Pauper.	Total.
I. Number of Patients resident,	...	...	...	99	152	251
<i>a.</i> Of these were visited, ...	57	102	159			
<i>b.</i> " not visited,	42	50	92	99	152	251
II. Number of Visits made to the above 159 Patients.						
<i>a.</i> By Relatives, ...						683
<i>b.</i> " Acquaintances, ...						142
<i>c.</i> " Inspectors of Poor, ...						13
<i>d.</i> " Medical Men, ...						27
<i>e.</i> " Law Agents or Legal Guardians, ...						4
<i>f.</i> " Clergymen, ...						15
						884
III. Average number of Visits to each person visited,						4.86
IV. Number of Refusals of Access to Patients, ...						0
V. Number of Visits when Patient not seen as recommended,						110

VIII.—TABLES RELATING TO VISITS TO PATIENTS.

ANALYSIS OF "VISITORS' BOOK"—[CONTINUED].

VI. Actual Number of Visits to Individual Patients.

Number of Visits.				Number of Patients Visited.	Total Number of Visits.
1	[once] to	...	...	37	37
2	[twice]	...	...	30	60
3	times,	...	...	23	69
4	"	...	...	10	40
5	"	...	...	14	70
6	"	...	...	5	30
7	"	...	...	7	49
8	"	...	...	4	32
9	"	...	...	3	27
10	"	...	...	3	30
11	"	...	...	2	22
12	"	...	...	2	24
13	"	...	...	2	26
14	"	...	...	3	42
15	"	...	...	2	30
16	"	...	...	3	48
17	"	...	...	2	34
19	"	...	...	2	38
20	"	...	...	1	20
21	"	...	...	1	21
23	"	...	...	1	23
24	"	...	...	1	24
29	"	...	...	1	29
58	"	...	...	1	58
				159	884

VII. Effects of Visits on Patients seen—

Good in	...	...	...	251 instances.
Bad in	...	...	...	47 "
None perceptible in	...	...	...	476 "
				774 instances.

IX.—TABLES RELATING TO INDUSTRIAL DEPARTMENT.

ILLUSTRATING VALUE OF PRODUCE OR LABOUR FOR 1861.

I—GARDENER'S DEPARTMENT.

(a) Farm and Garden Produce Consumed by Patients
and Staff in 1861.

<i>Abstract of Produce Consumed during 1861.</i>				
Milk, 1642 Pints, at 4½d, ...	£30	15	9	
„ 5522 „ at 4d, ...	92	0	8	
				£122 16 5
Pork, 1686 lbs., at 6d, ...	...			42 3 0
Veal, 60 lbs., at 6d, ...	...			1 10 0
Firewood, 216 Bags, at 1s, ...	...			10 16 0
Vegetables, Fruit, &c., ...	...			179 7 3
Total Produce Consumed, ...				£356 12 8
(b) Surplus Farm and Garden Produce Sold,				9 15 5
Total Farm and Garden Produce,				£366 8 1
Total Farm and Garden Produce in 1861,				£366 8 1
Do. do. 1860,				355 15 5
Increase of Produce in 1861, ...				£10 12 8
(c) Estimated aggregate Value of Patients' Labour in Garden.				
Farm Labour, ...				£18 18 0
Garden do., ...				99 14 0
Pump do., ...				75 3 6
Total Value of Work, ...				£193 15 6
(d) Average Number of Males Working in Garden—26 Daily.				

IX.—INDUSTRIAL DEPARTMENT—[CONTINUED].

II.—ARTIZAN DEPARTMENT.

<i>(a) Carpenter and Upholsterer.</i>					
Total Value of Work,	...	...	£30	5	7
Probable Value of Material used,	...	...	10	1	0
Value of Work in 1861,	...	...	£20	4	7
Do. in 1860,	...	...	18	7	4
Increase in 1861,	...	...	£1	17	3
<i>(b) Painter.</i>					
Whitewashing and Painting.					
Total Value of Work,	...	...	£25	16	9
Probable Value of Material Used,	...	...	8	19	1
Value of Work in 1861,	...	...	£16	17	8
<i>(c) Tailor.</i>					
1. ARTICLES MADE.					
20 Suits of Clothes,	...	...	£22	18	8
34 Pairs Trousers,	...	...	13	13	0
26 Vests,	...	...	7	3	0
20 Jackets,	...	...	8	19	10
8 Suits for destructive Patients,	...	...	3	0	6
16 Stocks and Neck-Ties,	...	...	0	17	3
15 Caps,	...	...	1	5	5
14 Pairs Braces,	...	...	0	12	0
Total Value of Articles Made,	...	...	£58	9	8
Probable Value of Material Used,	...	...	50	13	9
Value of Work,	...	...	£7	15	11
2. ARTICLES REPAIRED.					
437 Coats, Jackets, Vests, Trousers, &c.					
Total Value of Work,	...	...	£13	14	4
Probable Value of Material Used,	...	...	2	0	0
Value of Work on Articles Repaired,			£11	14	4
Do. do. Made,	...	...	7	15	11
Value of Tailor work in 1861,			£19	10	3

IX.—INDUSTRIAL DEPARTMENT—[CONTINUED].

II.—ARTIZAN DEPARTMENT—[CONTINUED].

(d) <i>Shoemaker.</i>					
	Made.	Reprd.			
Pairs Boots, Shoes, or Slippers,	116.	326.			
Total Value of Work, ...	...	...	£74	6	8
Probable Value of Material Used, ...	...	...	56	14	1
Value of Work in 1861, ...			£17	12	7
(e) <i>Glazier.</i>					
Glazing 317 Panes of Glass.					
Total Value of Work, ...	...	...	£7	18	6
Probable Value of Material used, ...	...	...	2	13	0
Value of Work in 1861, ...			£5	5	6
(f) <i>Mason.</i>					
Pointing Boundary Walls of Asylum Grounds.					
Total Value of Work, ...	...	...	£5	0	0
Probable Value of Material Used, ...	...	...	0	10	0
Value of Work in 1861, ...			£4	10	0
(g) <i>Smith and Plumber.</i>					
Total Value of Work, ...	...	...	£3	2	0
Probable Value of Material Used, ...	...	...	0	9	3
Value of Work in 1861, ...			£2	12	9
Do. in 1860, ...	...	...	1	11	6
Increase in 1861, ...			£1	1	3
(h) <i>Miscellaneous.</i>					
10 Female Patients assisting in Laundry, at 80s,			£40	0	0
2 Do. „ Housemaids, at 60s,			6	0	0
3 Do. „ Cooks, at 60s,			9	0	0
1 Male Patient assisting Porter, ...	...	...	5	0	0
Hair Cutting and Dressing, ...	...	...	10	18	4
Cleaning Windows, ...	...	...	5	15	0
Repairing Cutlery, ...	...	...	4	7	0
Cleaning Flues, ...	...	...	0	4	6
Total Value of Work, ...			£81	4	10
Probable Value of Material Used, ...			1	10	0
Value of Work in 1861, ...			£79	14	10

IX.—INDUSTRIAL DEPARTMENT—[CONTINUED].

II.—ARTIZAN DEPARTMENT—[CONTINUED].

<i>(h) In the Miscellaneous.</i>				
Female Work-amounts to	...	...		£55 0 0
Male do. do.	...	...		24 14 10
				£79 14 10
<i>(i) Summary of Value of Male Patients' Work.</i>				
1. Garden Work,	...	...		£193 15 6
2. Artizan do.,	...	...		86 13 4
3. Miscellaneous Work,	...	...		24 14 10
Total value of Male Work,	...	...		£305 3 8

III.—FEMALE PATIENTS' WORK.

<i>(a) Needlework and Millinery.</i>				Made.	Reprd.	
Dresses,	...	...		166	542	
Caps,	...	...		283	582	
Chemises,	...	...		211	518	
Shirts,	...	...		180	689	
Drawers,	...	...		118	419	
Hose,	...	...		110	4286	
Nightgowns,	...	...		188	343	
Aprons,	...	...		273	416	
Petticoats,	...	...		199	520	
Sheets,	...	...		220	318	
Pillowslips,	...	...		229	369	
Towels,	...	...		329	191	
Tablecloths,	...	...		39	78	
Blankets,	...	...		116	319	
Seclusion Rugs,	...	...		115	214	
Stays,	...	...		41	—	
Handkerchiefs,	...	...		349	—	
Counterpanes,	...	...		72	127	
Flannels,	...	...		278	616	
Mattresses,	...	...		49	111	
Sundries,	...	...		—	129	
Total value of work,	...	...				£514 14 3
Probable value of Material used,	...	...				428 5 3
Value of work in 1861,	...	...				£86 9 0
do. in 1860,	...	...				72 1 1
Increase in 1861,	...	...				£14 7 11

IX.—INDUSTRIAL DEPARTMENT—[CONTINUED].

III.—FEMALE PATIENTS' WORK—[CONTINUED].

<i>(b) Bazaar of Female Patients' Work, 1861.</i>		
Proceeds from Sale of Articles exhibited in Bazaar, ...		£2 9 1
<i>(c) Average daily number of Female Patients employed, 61, viz., in</i>		
Needlework and Millinery, ...	29	
Laundry, ...	10	
Kitchen, ...	3	
Assisting Attendants in Galleries, ...	17	
„ Housemaids, ...	2	
	61	
<i>Summary of Value of Female Patients' Work.</i>		
1. Needlework and Millinery, ...		£86 9 0
2. Miscellaneous, Laundry, &c., ...		55 0 0
3. Proceeds of Bazaar Work, ...		2 9 1
Total value of Female Work, ...		£143 18 1
SUMMARY FOR 1861.		
I. Farm and Garden Produce, ...		£366 8 1
<i>II. Summary of Value of Patients' Work.</i>		
1. Garden Work, ...		£193 15 6
2. Artizan do.		166 8 2
3. Millinery and Needle Work, ...		88 18 1
		£449 1 9
<i>III. Summary of Value of Patients' Work, as regards the Sex.</i>		
Value of Work done by Male Patients,		£305 3 8
„ „ Female „		143 18 1
		£449 1 9

IX.—INDUSTRIAL DEPARTMENT—[CONTINUED].

SUMMARY FOR 1861.

	Males.	Females	Total.
<i>IV. Summary of Patients Employed.</i>			
Average number in 1861-62.			
1. In Grounds at Farm and Garden Work,	26	0	26
2. In Workshops as Tailors, ...	2	0	2
„ as Carpenters, ...	2	0	2
„ as Shoemakers, ...	3	0	3
„ as Painters, ...	3	0	3
3. In Female Workroom, and in Galleries at Needlework, &c., ...	0	0	0
4. In Laundry, ...	0	29	29
5. In Kitchen and Housework, ..	0	10	10
6. In Galleries as Assistants, ...	0	5	5
	12	17	29
Total Employed, ...	48	61	109
<i>V. Class and Number of Patients Employed on 4th June, 1862.</i>			
1. Private, ...	8	8	16
2. Pauper, ...	31	47	78
	39	55	94
The Males Employed constitute 45·88 per cent.			
Females, „ 59·14 „			
Total, „ 52·81 „			
of the numbers resident on 4th June, 1862.			
<i>VI. Unemployed Patients Resident on 4th June, 1862.</i>			
Number and Class of Patients who do absolutely no work, being unfitted therefor by the form or phase of their insanity, the condition of their physical health, old age, or other causes.			
1. Private, ...	29	29	58
2. Pauper, ...	17	9	26
	46	38	84
The Males Unemployed constitute 54·12 per cent.			
Females, „ 40·86 „			
Total, „ 47·19 „			
of the numbers resident on 4th June, 1862.			

PAUPER DIETARY TABLE of JAMES MURRAY'S ROYAL ASYLUM, PERTH.

	DINNER.										SUPPER.																																																																																																																																																																																																																																																																																																																																																																																																																																																										
	BREAKFAST.					MALES.					FEMALES.					MALES.					FEMALES.																																																																																																																																																																																																																																																																																																																																																																																																																																																
	MALES		FEMALES			pt.	oz.	Uncooked Meat.	Meat & Potato Pie.	Fish.	Fruit Pie.	Rice Pudding.	Potatoes or other Vegetables.	Bread.	Beer.	pt.	oz.	Uncooked Meat.	Meat & Potato Pie.	Fish.	Fruit Pie.	Rice Pudding.	Potatoes or other Vegetables.	Bread.	Beer.	pt.	oz.	Bread.	Butter.	Porridge.	Milk.	pt.	oz.	Bread.	Butter.	Porridge.	Milk.	pt.	oz.	Bread.	Butter.	Porridge.	Milk.	pt.	oz.	Bread.	Butter.	Porridge.	Milk.	pt.	oz.	Bread.	Butter.	Porridge.	Milk.	pt.	oz.	Bread.	Butter.	Porridge.	Milk.	pt.	oz.	Bread.	Butter.	Porridge.	Milk.	pt.	oz.	Bread.	Butter.	Porridge.	Milk.	pt.	oz.	Bread.	Butter.	Porridge.	Milk.	pt.	oz.	Bread.	Butter.	Porridge.	Milk.	pt.	oz.	Bread.	Butter.	Porridge.	Milk.	pt.	oz.	Bread.	Butter.	Porridge.	Milk.	pt.	oz.	Bread.	Butter.	Porridge.	Milk.	pt.	oz.	Bread.	Butter.	Porridge.	Milk.	pt.	oz.	Bread.	Butter.	Porridge.	Milk.	pt.	oz.	Bread.	Butter.	Porridge.	Milk.	pt.	oz.	Bread.	Butter.	Porridge.	Milk.	pt.	oz.	Bread.	Butter.	Porridge.	Milk.	pt.	oz.	Bread.	Butter.	Porridge.	Milk.	pt.	oz.	Bread.	Butter.	Porridge.	Milk.	pt.	oz.	Bread.	Butter.	Porridge.	Milk.	pt.	oz.	Bread.	Butter.	Porridge.	Milk.	pt.	oz.	Bread.	Butter.	Porridge.	Milk.	pt.	oz.	Bread.	Butter.	Porridge.	Milk.	pt.	oz.	Bread.	Butter.	Porridge.	Milk.	pt.	oz.	Bread.	Butter.	Porridge.	Milk.	pt.	oz.	Bread.	Butter.	Porridge.	Milk.	pt.	oz.	Bread.	Butter.	Porridge.	Milk.	pt.	oz.	Bread.	Butter.	Porridge.	Milk.	pt.	oz.	Bread.	Butter.	Porridge.	Milk.	pt.	oz.	Bread.	Butter.	Porridge.	Milk.	pt.	oz.	Bread.	Butter.	Porridge.	Milk.	pt.	oz.	Bread.	Butter.	Porridge.	Milk.	pt.	oz.	Bread.	Butter.	Porridge.	Milk.	pt.	oz.	Bread.	Butter.	Porridge.	Milk.	pt.	oz.	Bread.	Butter.	Porridge.	Milk.	pt.	oz.	Bread.	Butter.	Porridge.	Milk.	pt.	oz.	Bread.	Butter.	Porridge.	Milk.	pt.	oz.	Bread.	Butter.	Porridge.	Milk.	pt.	oz.	Bread.	Butter.	Porridge.	Milk.	pt.	oz.	Bread.	Butter.	Porridge.	Milk.	pt.	oz.	Bread.	Butter.	Porridge.	Milk.	pt.	oz.	Bread.	Butter.	Porridge.	Milk.	pt.	oz.	Bread.	Butter.	Porridge.	Milk.	pt.	oz.	Bread.	Butter.	Porridge.	Milk.	pt.	oz.	Bread.	Butter.	Porridge.	Milk.	pt.	oz.	Bread.	Butter.	Porridge.	Milk.	pt.	oz.	Bread.	Butter.	Porridge.	Milk.	pt.	oz.	Bread.	Butter.	Porridge.	Milk.	pt.	oz.	Bread.	Butter.	Porridge.	Milk.	pt.	oz.	Bread.	Butter.	Porridge.	Milk.	pt.	oz.	Bread.	Butter.	Porridge.	Milk.	pt.	oz.	Bread.	Butter.	Porridge.	Milk.	pt.	oz.	Bread.	Butter.	Porridge.	Milk.	pt.	oz.	Bread.	Butter.	Porridge.	Milk.	pt.	oz.	Bread.	Butter.	Porridge.	Milk.	pt.	oz.	Bread.	Butter.	Porridge.	Milk.	pt.	oz.	Bread.	Butter.	Porridge.	Milk.	pt.	oz.	Bread.	Butter.	Porridge.	Milk.	pt.	oz.	Bread.	Butter.	Porridge.	Milk.	pt.	oz.	Bread.	Butter.	Porridge.	Milk.	pt.	oz.	Bread.	Butter.	Porridge.	Milk.	pt.	oz.	Bread.	Butter.	Porridge.	Milk.	pt.	oz.	Bread.	Butter.	Porridge.	Milk.	pt.	oz.	Bread.	Butter.	Porridge.	Milk.	pt.	oz.	Bread.	Butter.	Porridge.	Milk.	pt.	oz.	Bread.	Butter.	Porridge.	Milk.	pt.	oz.	Bread.	Butter.	Porridge.	Milk.	pt.	oz.	Bread.	Butter.	Porridge.	Milk.	pt.	oz.	Bread.	Butter.	Porridge.	Milk.	pt.	oz.	Bread.	Butter.	Porridge.	Milk.	pt.	oz.

Extra Diet ordered for Sick, at the discretion of the Medical Superintendent.

Extra allowances of Bread, Cheese, Beer, Tobacco, Snuff, and Tea, to Male and Female Working Patients, at the discretion of the Medical Superintendent.

* On Sundays, occasionally, Suet and Meal Pudding (12 oz. to males; and 10 oz. to females) is substituted for Rice Pudding. The Suet and Meal

Pudding contains 39lbs. Oatmeal; 17lbs. Suet; 4 $\frac{1}{2}$ lbs. Onions.

+ On Wednesdays, in Winter, or when there is no Fruit Pie, the following diet is substituted: Meat (uncooked) 4 oz. to males and 4 oz. to females;

Broth or Soup Potatoes, and Bread, in same quantity as on Fridays.

PORRIDGE.—21lbs. Oatmeal.

BROTH.—Liquor of Cooked Meat, Dripping, Bones, &c.—28lbs. Meat ; 7lbs. Barley ; 26lbs. Vegetables, viz., Carrot, Turnip, Cabbage, Cauliflower, Beans, Green Peas, Leeks, Onions, Parsley.

SOUP.—Liquor of Cooked Meat, Dripping, Bones, &c.—28lbs. Meat ; 28lbs. Split Peas ; 12lbs. Vegetables, viz., Carrot, Turnip, Green Peas, &c.

MEAT AND POTATOE PIE.—40lbs Meat ; 60lbs. Potatoes ; 3lbs. Onions ; Pepper, &c.

FRUIT PIE.—90lbs. Fruit, (Gooseberries, Rhubarb, or Apples) ; 12lbs. Sugar ; 13lbs. Flour ; 3½lbs. Lard.

RICE PUDDING.—10lbs. Rice ; 60 pts. Milk ; 3½lbs. Sugar.

TEA.—1lb. Tea ; 4lbs. Sugar ; 12 pts. Milk.

COFFEE.—2¼lbs. Coffee ; 5lbs. Sugar ; 16 pts. Milk.

COCOA.—3lbs. Cocoa ; 4lbs. Sugar ; 18 pts. Milk.

CHAPLAIN'S REPORT

TO THE

DIRECTORS OF MURRAY'S ASYLUM

FOR YEAR ENDING 9TH JUNE, 1862.

IN laying before the Directors the working of his department and his feeling as to its results, the Chaplain has to acknowledge the cordial and efficient co-operation of the Officers and Attendants of the Institution. Considering the nature of the work, he has been exposed to little interruption in the performance of it. This is doubtless due to the careful selection of those who wait on his services, and to the kind but firm discipline which prevails in the Asylum.

The usual religious exercises have been regularly conducted during the year. The Sabbath Service begins at 11 A.M., and lasts upwards of an hour. The usual service of the Church of Scotland is performed. At Nine o'clock on the mornings of Tuesday and Friday a service is held of not more than half-an-hour's duration, when a portion of Scripture from the Old and New Testaments is read, and praise and prayer are engaged in.

The attendance of patients at these services—which does not fluctuate much—may average a third of those lodged in the House. Of these at least a half may be described as in regular attendance. The irregularity of the others is mainly owing

either to changes in their health leading the Physician to forbid their presence for some time, or to the patients' own caprice—for while some are of necessity detained against their will, there is no enforced attendance. And here as elsewhere the habit of non-attendance is more easily learned than laid aside.

Except in the case of a few the attention given is very fitful. While it lasts, it is in many cases marked; but it is continuous chiefly in those who are convalescent, or whose mania is more chronic than acute. The service, as a vehicle of instruction, is, of course, valuable chiefly to the few who can thus command their attention. The Chaplain is convinced, however, that it supplies a want which many would deeply feel, and that it keeps before the mind man's highest duty and privilege, which in other circumstances many might overlook or forget. Its value is to be calculated more from the impression made on the spirit than from religious knowledge actually received. The marked difference of demeanour in Chapel and out of it, the general quiet that prevails—more especially during prayer,—and the subdued feeling which many exhibit throughout the service, show that impressions are made advantageous alike to their spiritual well-being and to their mental health. This harmony of feeling with the circumstances in which they are assembled can only be secured by a wise selection of those who are permitted to attend. It is much better to debar the individuals whose frivolity is troublesome, or whose excitement arrests attention, than to increase attendance by the sacrifice of the feeling.

The Chaplain strives to make these public exercises the basis of his private visitation. He often directs attention to the passage lately read or discoursed from. He thus most readily finds opportunity of converse, and perhaps indirectly gives an impulse to attention during public worship, and to after-consideration on some truth then read or spoken. Some are thereby led to set themselves to keep the text in mind, and he accordingly finds that they have an increased readiness and fulness of recollection. But this cannot be said of a large number. There are many patients whose sympathy cannot be arrested—there are others whose thoughts cannot be turned with profit to the

subject of religion. Looking at his visits in this light, he finds that the number whom he can lead into profitable religious conversation is very limited.

With Religio-Maniacs he deems it proper to avoid rather than to seek conversation on religious topics. It immediately turns to their own delusions, and for the removal of these the skill of the Physician seems of chief—if not, of sole avail. To converse, and still more to reason with Mono-Maniacs the Chaplain finds productive of very little good. The delusion reappears at the next visit, clothed in all its fulness of former detail.

There is a class of patients altogether averse to conversation on religious topics. They have conceived a dislike to the subject; or, what is more common, they entertain a bitter hatred to clergymen in general. This is often the result of some clergyman having been concerned in their removal to the Asylum, or supposed by them at least to have acted such a part. Hatred of the ministers of religion, if not of religion itself, seems often to arise from this cause.

Among the patients presently resident in the Institution there are several who resolutely refuse to come to Chapel, and seem to dislike any mention of religion, who yet regularly read their Bible, and spend the Sabbath-Day in a becoming spirit.

There are some who will converse only on the subject which is their mania. If a remark aside from that be offered, their attention is immediately lost. There are not a few with whom a rational conversation can be had on one visit, whereas on the next they are either incoherent or silent. While he strives to keep it before him as the chief aim of his visit to bring to bear on the mind ‘The Word of Life,’ the Chaplain must admit that fitting opportunity of doing so is not easily found, except in the case of a few.

His visit may, in another, though doubtless subordinate aspect, aid in promoting the welfare and happiness of those resident in the Institution. While received as a clergyman and expected to act as one, he finds himself increasingly treated as a friend. His sympathy is looked for, and sought after. Coming only occasionally among them, and called only to the interference

of friendship, he has special facilities for commanding their confidence, and for acquainting himself with their thoughts and feelings, their vexations and desires. He has thus opportunity to soothe and cheer, and give kindly advice, warning against the thought unjustly cherished, pointing the mind in a direction that may interest and employ its energies, urging to some course of conduct that the patient may pursue with pleasure and profit, or stimulating perseverance in one already taken up by them by a friend's interest in its progress. Such influence can of course be most efficiently executed over those whose educational advantages have provided them with resources of amusement or occupation additional to those developed in the immediate pursuit of their business or handicraft. But there are many to whom the sympathy and endeavour of friendship should in some measure be available.

Of his visiting the Chaplain may generally remark, that to not a few his visits seem a pleasure, and he trusts are such. Some who at first refused to converse with him now do so readily. Remarks made by him are kept in mind. Impatience seems sometimes checked, despondency may be temporarily cheered, and some minds may be aided in maintaining composure, submission, and the spirit of a good hope. As to the measure of success no general rule can be laid down, but these are the means by which it is sought, and some channels in which its possibilities seem to run.

As in former years several classes for the amusement or educational improvement of the patients have been in operation during the winter months. The Bible Class has met regularly on Sunday evening. The average attendance has been 38 (16 males and 22 females). Since 3rd November, when the class was resumed after the Summer Recess, the pupils have read the greater part of the Book of Genesis, the Books of Proverbs, Ecclesiastes, and Song of Solomon, in the Old Testament, and the Gospel of John in the New. Extracts from a religious book or periodical have also been read in their hearing. It promotes acquaintance with Bible truth, and affords suitable occupation for the evening of the Lord's-Day, which might otherwise be felt monotonous and irksome. It

has been conducted by the Housekeeper, aided by an upper-class patient.

The same lady takes charge of a class for improvement in Writing and Arithmetic. This class met on Tuesday evening, and had an average attendance of 15. Some of the pupils made manifest improvement. The attention, aptitude, and eagerness of competition seemed general and marked.

The class for the practice of Psalmody held its meetings on Monday evening. It was under the charge of the Matron. The average attendance was upwards of 40, and, while some profited by it, all seemed to find it a pleasure.

Of these classes it may be generally remarked, that the attendance has been regular, the attention on the whole has been good, and very considerable interest has been taken in the work—facts which seem to say that they have been of advantage in communicating instruction and in promoting the patients' recovery and happiness.

During the winter also a course of ten lectures, arranged by the Physician-Superintendent, was delivered to large audiences. That very considerable interest was taken in them was shown in the attention given during delivery, and the remarks made concerning them on other occasions.

JOHN MOODIE, Chaplain.

